

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349400  
Code assigned by DOJ

Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Check Cashers Permit

Agency Address Set Contributing Agency:

Department of Justice

05466

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 903387

CCP

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 94203-3870

(916) 227-3250

City State Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

Street No. Street or P.O. Box \_\_\_\_\_

Mail Code (five digit code assigned by DOJ)

City State Zip Code \_\_\_\_\_

( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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**Applicant Submission**

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Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>P.O. BOX 903387</u>		<u>CCP</u>
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>Sacramento CA</u>	<u>94203-3870</u>	<u>(916) 227-3250</u>
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL-</b> <u>N/A</u> Agency Billing Number (if applicable)
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	_____ City, State and Zip Code	
SOC: _____		

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)		
Employer Name _____		
Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
_____	_____	( ) _____
City	State	Zip Code
		Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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